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7590

08/06/2004

SUGHRUE MION ZINN MACPEAK & SE 2100 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20037-3202

11/08/2004 NNGUYEN2 00000034 09581437

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(Depositor's name (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/581.437	06/13/2000	NAOKI KUWATA	O58651	9795	

TITLE OF INVENTION: IMAGE DATA INTERPOLATION METHOD AND DEVICE MEDIUM RECORDING IMAGE DATA INTERPOLATION PROGRAM

APPLN. TYPE	SMALL ENTITY	ITITY ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1330		\$0	\$1330	11/08/2004	
EXAMINER BRINICH, STEPHEN M		ART UNIT 2624		CLASS-SUBCLASS]		
				358-003150	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nan ed patent attorneys or agents. If name will be printed.	nt attorneys 1. PLLC a member a nes of up to	SUGHRUE MION, PLLC 2 3	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SEIKO EPSON CORPORATION	TOKYO,	JAPAN	. ,	
Please check the appropriate assignee category or categories (will not be	e printed on the patent);	□ individual	corporation or other private gro	up entity
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s)	•		
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880.		edit any overpayment, to y of this form).	
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(Authorized Signature) 200 39,2**34** Kelly G. Hyndman Reg.

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